

## Completing the Virginia Department of Social Services (VDSS) Invoice Master Excel Spreadsheet INSTRUCTIONS

### Instructions on submitting monthly invoices

This document was created in Excel 2003 for use by the sole source contractor and subcontractors of the Virginia Department of Social Services' 2-1-1 VIRGINIA/Statewide Information and Referral System (I&R). A master copy is provided to each subcontractor at the beginning of each fiscal year with the approved budget amounts entered in the two Budget columns. Changes to the budget on the invoice form cannot be made unless line item change request have been approved. On the invoice spreadsheets, the **Year to Date Expenditures** and **Balance** columns at the far right automatically accumulate data add columns. Each month's data appears in two side-by-side columns. The header, footer, and hidden columns must be reset each month.

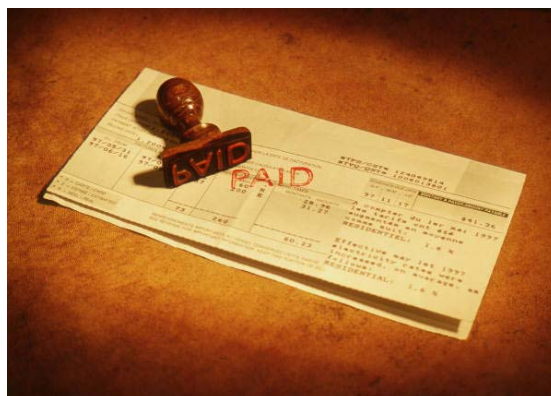
A schedule of due dates is supplied at the beginning of each contract year, generally around the 18<sup>th</sup> of the month with the exception of May and June's invoices.

After completing the invoice, print a copy and obtain the appropriate signature. The subcontractors are to submit the invoice by the 10<sup>th</sup> working day of each month to:

Council of Community Services  
ATTN: Carolee Sarver  
502 Campbell Avenue  
P.O. Box 598  
Roanoke, Virginia 24004

The Sole Source Contractor is to mail the invoice overnight by the 20<sup>th</sup> of each month to:

Virginia Department of Social Services  
Community and Volunteer Services  
ATTN: Valerie Whitfield  
7 N. Eighth Street  
Richmond, Virginia 23219



FIN Number: **SAMPLE**Telephone  
Number:

	CONTRACT BUDGET		June Expenditures		Year to Date Expenditures		Balance	
	VDSS Award	Match	VDSS Award	Match	VDSS Award	Match	VDSS Award	Match
<b>SALARIES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>EMPLOYEE BENEFITS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>POSTAGE</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>RENT &amp; UTILITIES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>EQUIPMENT</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>PRINTING</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>CONSUMABLE SUPPLIES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TRAVEL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>HARDWARE</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SOFTWARE</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>OTHER: Itemize</b>								
<b>Audit</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Computer Maintenance</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Conferences/Meeting</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employee Advertising</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Indirect Costs</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Insurance</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Membership Dues</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Professional Fees</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Website Audit</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>T O T A L</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

I certify that the expenses and match are true and correct, are not allocated to any other program, and have been incurred in accordance with the contract between this Contractor and the Virginia Department of Social Services.

Signature: \_\_\_\_\_

Name

Date: \_\_\_\_\_